SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 83
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Institute of Certified Public Ac	countants Po	olitical Action Committee	
Full Name (Last, First, Middle Initial)			5
A. Malinda P. Gerich Mailing Address 3922 Village Oaks Dr			Date of Receipt
			03 24 2006
City HUMBLE	State TX	Zip Code 77339-1889	Transaction ID: 23897087 Amount of Each Receipt this Period
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Full Name (Last, First, Middle Initial) Ann M. King Mailing Address 111 S Tejon St Ste 800			Date of Receipt
			03 24 7 2006
City COLORADO SPRINGS	State CO	Zip Code 80903-2286	Transaction ID: 23896973 Amount of Each Receipt this Period
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Receipt For:	ļ -	ear-to-Date ▼	
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Full Name (Last, First, Middle Initial) 2. Joseph Vande Bosche			Date of Receipt
Mailing Address 201 N Illinois St, Ste. 700			03 24 2006
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INDIANAPOLIS	IN	46204	Amount of Each Receipt this Period
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